

CORONARY ANGIOGRAM

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What is a coronary angiogram?

A coronary angiogram is an x-ray which looks at the arteries around the heart to determine whether there are any blockages in them. A local anaesthetic is given, usually in the right groin. This will sting a little and then there should be no further discomfort.

Once the area is numb a small catheter is placed in the artery in your groin and fed to the heart using x-ray guidance. There are no nerves inside the blood vessels so you will not feel this. Contrast dye is injected through the catheter into the coronary arteries and a series of x-rays are taken. You will be able to view these on a television screen. The x-ray machine will move around you to view the arteries from a number of different positions. The last x-ray will show how well the heart contracts when a larger amount of contrast is given. This may produce a warm feeling or hot flush however it lasts only a few seconds.

How long does it take?

The coronary angiogram will take about 20-30 minutes. At the end of the procedure when the catheter is removed a nurse will either press on the catheter site for a further 10 minutes, or a collagen plug may be placed in the artery, to seal it. You will then be required to lie in bed for a further 2-4 hours – initially on returning to the ward, at 30 degrees. Your Doctor will inform you of the results of the angiogram immediately following the procedure.

What preparation do I need?

It is desirable you do not eat or drink 4 hours before the procedure. Your doctor and nurse will advise which medications can be taken the morning of the test. Generally fluid tablets, such as Frusemide, and diabetic tablets, such as Metformin, are withheld the morning of the angiogram. It is routine to have blood test taken prior to the angiogram. If you have been taking Warfarin please tell us a special blood test will be required.

What are the risks?

A coronary angiogram is an invasive procedure which has some risks which your Doctor has considered to be acceptable in order to provide information about your coronary arteries. The main risk is of a large bruise in the groin (1/100). Small bruises are common. Surgery to repair the femoral artery is 1/600. Stroke, heart attack, allergic reaction or other serious complications occur in less than 1/1000. Death is rare at less than 1/5000.